City of Mountain View

Finance and Administrative Services Department
500 Castro Street, P.O. Box 7540
Mountain View, CA 94039
(650)903-6317

Transient Occupancy Tax
Extended Occupancy Exemption Claim Form

Establishment:

Address:

Quarter Ending:

* Use this form to claim exemption for all occupants staying longer than 30 days.

* This form must be completed, signed by both innkeeper and occupant, and remitted with the quarterly Transient Occupancy Tax Return or it will not be counted as an exemption. Enter the total exemption amount on line 2A.

* Keep a copy of this form for your records and maintain records to support claimed exemptions.

Name of Occupant _____

In support of item 2A on the quarterly Transient Occupancy Tax Return, I certify under penalty of perjury my claim for exempt status on the following basis:

1. Date first occupied (Original check-in date): _____

2. Date exemption status began:
   (31st day of occupancy) _____

3. Date of check-out:
   (Indicate n/a if still occupying room past last day of quarter) _____

4. Number of days exempt this quarter:
   (Indicate exempt days within this reporting period only) _____

5. Daily room rate:
   (Base daily room rent for this room, not including tax) _____

6. Gross amount of exemption:
   (Base daily room rate X number of exempt days this period) _____

7. Other: _____ _____

Total exempt amount - to line 2A on tax return $ _____

I certify, under penalty of perjury, that the foregoing is true and correct.

Innkeeper's Signature _____ Room # _____ Date _____

Occupant's Signature _____ SS#/CDL# _____ Date _____